



## LACC Volunteer Application

**THANK YOU** for your interest in volunteering with Lafayette Animal Control Center! Tails are wagging and cats are meowing in excitement over your participation! Volunteers play a vital role within our organization. Without your support, we would not be able to assist nearly the number of animals who need help in our community.

Please complete the Volunteer Application below (you must be over 18 years of age to participate in the volunteer program). Select the volunteer activities that most interest you. Upon receipt of your application, I will notify you of the dates for our next Volunteer Orientation. Specifics about each volunteer activity will be discussed in the orientation meeting. Depending on the activities you choose, additional training may be required. You may complete the application on the computer, save it, and email it to me. If you'd like a hard copy to print out and fill in by hand, I will be happy to send you one. Thank you again for your interest in Lafayette Animal Control Center!

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/alternate phone: \_\_\_\_\_

Person to contact in a case of emergency: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Do you have a valid driver's license? Yes ☐ No ☐ Drivers License Number: \_\_\_\_\_

Have you ever been convicted of a crime causing harm to a person or animal? Yes ☐ No ☐

Please explain: \_\_\_\_\_

Do you have any physical or emotional condition that might hinder your volunteer service, or require us to provide you with extra assistance or supervision? Yes ☐ No ☐

### Education/Experience:

Can you read and comprehend information at a ninth grade level or above? Yes ☐ No ☐

Occupation: \_\_\_\_\_

Humane Society/Rescue affiliations, Student Affiliations: \_\_\_\_\_

Special Skills or Experience working with animals: \_\_\_\_\_

Why do you want to volunteer at Lafayette Animal Control Center? \_\_\_\_\_

## Volunteering:

Can you commit to at least 3 months of Volunteering? Yes ☐ No ☐

### Please check the volunteer opportunities in which you would like to participate:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dog and Puppy Socialization  | <input type="checkbox"/> PR/Special Events  | <input type="checkbox"/> Foster Parent   |
| <input type="checkbox"/> Cat and Kitten Socialization | <input type="checkbox"/> Adoption Follow-Up | <input type="checkbox"/> Computer Wizard |
| <input type="checkbox"/> Grooming/Bathing             | <input type="checkbox"/> Humane Education   | <input type="checkbox"/> Other:          |
| <input type="checkbox"/> Office Support               | <input type="checkbox"/> PetFinder Posting  |  |
| <input type="checkbox"/> Photography                  | <input type="checkbox"/> Mobile Adoptions   |  |

### Please check the animals you are comfortable handling and working with:

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> Cats    | <input type="checkbox"/> Small/Med dogs | <input type="checkbox"/> Other (goats, calves, horses, other small animals) |
| <input type="checkbox"/> Kittens | <input type="checkbox"/> Med/Large Dogs |   |
| <input type="checkbox"/> Puppies |   |   |

List any other areas of interest not listed above:

### Please indicate the time(s) you are available to volunteer:

Monday _____	Thursday _____
Tuesday _____	Friday _____
Wednesday _____	Saturday _____

Sometimes the dogs and cats pulled from LACC by rescues and in foster care need a ride to their vet appointments.

Would you be willing to transport animals as part of your foster work? ☐ yes ☐ no

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I give permission to Lafayette Animal Control Center to verify any information given above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Please complete this application and mail it to:  
Patty Meehan, Volunteer Coordinator, LACC  
502 Thelma Dr.  
Sunset, LA 70584